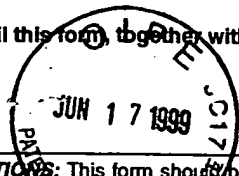


# ART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable

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**Assistant Commissioner for Patents**  
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6-4-99

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance order and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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HM42/0601  
 SUGHRUE MION ZINN MACPEAK & SEAS  
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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/860,377	08/28/97	007	MORRIS, P	1612 04/16/99
First Named Applicant: KUREUCHI, MAKOTO				

**TITLE OF INVENTION** QUINUCLIDINE DERIVATIVES AND MEDICINAL COMPOSITION THEREOF (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
045752	514-305.000	R93	UTILITY	NO	\$1210.00	07/16/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 SUGHRUE, MION, ZINN,  
 MACPEAK & SEAS, PLLC

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE YAMANOUCHI PHARMACEUTICAL CO., LTD.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) TOKYO, JAPAN

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ Individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☐ Issue F  
☐ Advan

A check is attached for the issue fee payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880

4b. The follo  
 DEPOSIT  
 (ENCLO

- ☐ Issue Fee  
☐ Advance Order - # of Copies

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Waddell A. Biddart

(Date)

Reg. 04,861

6/5/99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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Publishing Division  
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